6. Segregation of waste was not being done properly.

(c) Central Government have released funds to Central Government Hospitals, namely Lady Hardinge Medical College, & Associated Hospitals, Jawaharlal Institute of Post-Graduate Medical Education and Research, Pondicherry, Dr. Ram Manohar Lohia Hospital and Safdarjung Hospital for Training of Medical, Para-Medical, Nursing and Safai Karmacharis etc., by organising Seminars/Workshops etc., on Hospital Waste Management, Procurement of protective gloves, boots, polythene garbage bags etc. to ensure proper segregation and disposal of Hospital Waste. All India Institute of Medical Sciences, Dr Ram Manohar Lohia Hospital, Safdarjung Hospital and Lady Hardinge Medical College & Associated Hospitals have a system for segregation and waste disposal.

The Hospital Waste Management Practice of the three Central Government Hospitals at Delhi were inspected by a team of senior officers in January, 1998.

The Director General of Health Services has constituted a Committee to regularly monitor the disposal of Hospital Waste generated by Central Government Hospitals in New Delhi.

**Safety in Donation of Blood**

1098. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whethers Government's attention has been drawn to the news-item published in "The Asian Age" dated 20th May, 1998 under the caption "Blood from voluntary sources is safer";

(b) whether experts at AIIMS have pointed out that blood from replacement donors is tainted;

(c) what are the full details of the report of the AIIMS Experts on this subject; and

(d) what steps Government are taking to improve the testing machinery of blood donations all over the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) and (c) According to experts at AIIMS, Replacement Donors have 2-3 times higher rates of Transfusion Associated Infections than voluntary Donors for HIV, HB sag, HCV and VDRL.

(d) Blood Banks have facilities for testing of each unit of Blood for Human Immunodaficiency Virus either in their own laboratories or in any Zonal Testing Centres.

**Delay in the Implementation of the Vth Pay Commission Report in AIIMS**

1099. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the delay in the implementation of revised pay scales based on the Vth Pay Commission recommendations for faculty members of All India Institute of Medical Sciences has caused a lot of resentmant among the teaching staff of this premier institute;

(b) if so, the reasons for not implementing the recommendations of the Pay Commission as yet; and

(c) by when these are likely to be implemented?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) The Government had constituted a Committee to consider the proposal for Revision of the Pay Scales of the Faculty of All India Institution of Medical Science, New Delhi and PGI, Chandigarh vide order dated 24th February, 1998. The guidelines of Ministry of Finance specify that the final package of benefits proposed to the extended to the employees of Autonomous Institutions is to be within the extest admissible to the corresponding categories of the Central Government Employees. Since the de-

mands made by the two Institutions regarding Pay Scales and various other allowances are much-beyond the scope available to the Comittee, advice of the Ministry of Finance has been sought in the matter.

**Finalisation of National Blood Policy**

1100. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have finalised the National Blood Policy; and

(b) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) and (b) A draft National Blood Policy has been formulated by the National Blood Transfusion Council, which is under examination in the Department.

**Use of CGHS Medicines by CGHS Doctors for Private Practice**

1101. SHRI MOHINDAR SINGH KALYAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that many doctors of CGHS, Homoeopathic and Ayurvedic System of treatment are doing private practice at present in Delhi and are using CGHS dispensaries/units medicines;

(b) if so, the names of such doctors, system-wise;

(c) whether any complaints have been received by Government against such doctors from 1st January, 1993 to 31st December, 1996; if so, the details thereof; and

(d) the action proposed to be taken by Government against such doctors?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (d) Only one complaint against a Homoeopathic Physician working in CGHS, Delhi was received in this regard. Even that complaint could not be substantiated, as the address of the complainant was found to be fictitious. However, the complaints are being looked into as soon as they are received. Where necessary, appropriate action is being taken.

**मलेरिया का मुकाबला करने हेतु कार्य योजना**

1102. **श्री राम गोपाल यादव:** क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार ने राष्ट्रीय तथा राज्य-स्तर पर मलेरिया के खतरे से निपटने के लिए कोई कार्य योजना तैयार की है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) इस कार्य-योजना के प्रभावी क्रियान्वयन के लिए क्या समय-सीमा तय की गई है?

**स्वास्थ्य और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई):** (क) जी, हां।

(ख) से (ग) केन्द्रीय सरकार द्वारा मलेरिया कार्य योजना के लिए एक आपरेशनल, मैनुअल तैयार कर लिया गया है और इसे राज्यों/संघ राज्य क्षेत्रों को उपलब्ध करा दिया गया है। नियंत्रण संबंधी कार्यकलापों के कारगर कार्यान्वयन के लिए राज्य सरकारों को हर वर्ष मलेरिया के नियंत्रण के लिए वार्षिक कार्ययोजना/कार्यकलापों का कैलेण्डर तैयार करना होता है। इसके अतिरिक्त मलेरियारोधी कार्यकलापों को तेज करने के लिए 7 उत्तर पूर्वी राज्यों को दिसम्बर 1994 से शत-प्रतिशत केन्द्रीय सहायता प्रदान की जा रही है। बिना विधान सभा वाले संघ राज्य क्षेत्रों को शत-प्रतिशत केन्द्रीय सहायता प्रदान की जा रही है। विधान सभा वाले शेष राज्यों/संघ राज्य क्षेत्रों के लिए श्रेणी-II राष्ट्रीय मलेरिया उन्मूलन कार्यक्रम एक केन्द्रीय प्रायोजित योजना जिसे केन्द्र सरकार और राज्य सरकारों के बीच 50:50 खर्च की भागीदारी के आधार पर चलाया जा रहा है। केन्द्रीय सहायता अनिवार्य सामग्री के रूप में होती है जिसमें औषध, कीटनाशक और अन्य सामग्रियां शामिल